

layers were, it is true, diffusely cloudy, but nowhere with any degree of intensity.

The two pigment-deposits, just in front of Descemet's membrane, could, without any difficulty, have become detached from the pigment-layer of the iris and have penetrated through Descemet's membrane. The complete resemblance in colour to that of the iris-pigment would confirm the supposition that this was what had occurred. The morbid change in the cornea is explained, partly as a secondary disturbance of nutrition in consequence of the iritis, partly as a deposition from the iris.

How it happens that this form of iritis has not hitherto been specially described, is incomprehensible. The author has not himself before observed it, at any rate so distinctly, but he may have overlooked cases, and his material for observation is not so abundant as is the case in some large cities. He cannot help suspecting that such cases have escaped notice.

He thinks it worth while to give a special name to the disease, and designates it "Iritis pigmentosa;" with more justice, in his opinion, than can be assigned to the name "Retinitis pigmentosa." He cannot, from one case, lay down any rules for treatment or for prognosis.

He protests against Hirschler's view that the pigmentary deposits in the tissue of the cornea in his cases were due to degeneration of hæmatin. Ritter says that the remains of hæmatin would never be of a "deep black," like "coal-dust," but of a reddish-brown colour. He thinks this is sufficient to upset Hirschler's view. He thinks the cases agree with his own, except in reference to the severe corneal affection present in Hirschler's cases. Ritter quotes statements from the narratives of the cases, showing that the iris was affected in each, much as in his own case.

He thinks that the transference of pigment from the iris in the cornea is not at variance with former experience, and that modern researches on wandering cells have removed any appearance of strangeness from his theory.—*London Med. Record*, Aug. 13, 1873.

47. *Inflammation of the Cornea in Affections of the Trigeminus*.—Prof. EBERTH, of Zurich, proposes a new explanation of the occurrence of keratitis after section, injury, or disease of the fifth cranial nerve. This pathologist, whose observations and opinions are worthy of the greatest respect, has for some time maintained that the severity of the process in traumatic keratitis depends upon the conveyance of bacteria into the cornea by the foreign body, and not upon the trauma directly. He now describes (*Centralblatt*, July 19, 1873, No. 32) the occurrence of a similar keratitis without any external wound whatever—by the settlement of the organisms in the cornea after section of the trigeminus. The exophthalmos, loss of sensibility, diminished nictitation, and the desiccation of the exposed corneal surface lead on to inflammation, with the production of bacteric masses indistinguishable by the microscope from the condition in diphtheritic keratitis. The most superficial puncture of the affected spot causes a rapid extension of the disease. The second element, therefore, which has not been previously recognized in the etiology of keratitis after injury of the fifth nerve—but which, according to Eberth, is essential—is the presence of bacteria in the atmosphere. Both the condition of the globe after the section or disease of the nerve, and the condition of the atmosphere, will of course vary in different cases. The occurrence of the keratitis will therefore be influenced by the degree and extent of the desiccation, the amount of protrusion, and the size of the ocular aperture. And, on the other hand, the quantity of bacteria in the air and the presence of epithelial abrasions will determine the severity, rapidity, and extent of the inflammatory destruction.—*Med. Times and Gaz.*, Aug. 23, 1873.

48. *Intermittent Neuralgic Vesicular Keratitis depending upon Traumatic Causes*.—Dr. EDWARD HAUSEN has published in the *Hospitals-Tidende* a paper on this affection, which he says has not been hitherto noticed. It takes its origin in a direct traumatic action on the terminal nerve-fibres, probably those of the corneal epithelium which, doubtless, exercise an important control over

the vitality of the epithelial cell. So pronounced are the neuralgic phenomena attending this affection that it might, perhaps with propriety, be called "neuralgia of the cornea" rather than "keratitis." The origin of the malady is always a wound in the shape of a scraping of the epithelium caused either by a needle or a twig, or some such thing. In from eight to fourteen days suddenly and generally by night, violent pains set in in the eye, shooting outwards in all directions from it, and accompanied by profuse lachrymation and photophobia. Treatment consists in dropping in a solution of atropia, warm fomentations, and, perhaps, quinia and bromide of potassium internally.—Dr. J. W. Moore's *Report on Scandinavian Medicine* in *Brit. and For. Med. Chir. Rev.*, July, 1873.

[We have seen several cases of this persistent and troublesome affection. In most instances it was brought on by a scratch from the finger-nail of infants, and the subjects of it were nursing mothers. In one case it was produced in a young lady by a wound inflicted accidentally by the finger-nail of a girl. The affection is apt to recur at intervals for a considerable period.]

MIDWIFERY AND GYNÆCOLOGY.

49. *Diagnosis of Early Pregnancy.*—Dr. ADOLPH RASCH, in a paper read before the Obstetrical Section Brit. Med. Association, stated that he wished to draw attention to an important symptom of pregnancy of the first three months, of which until now no notice has been taken by French, English, and German authors. After briefly reviewing the early symptoms as taught in hand books, including the symptom on which Dr. Barnes laid stress before this Association, Dr. Rasch said that no opinion should be expressed in any case unless the uterus had been made out beyond doubt by the bimanual examination. The vaginal examination should always be made by *two* fingers, unless circumstances forbade it, as by so doing results much more accurate could be obtained. An enlargement found, the distinction had to be made between enlargement by hypertrophy, or by tumours, and enlargement by pregnancy. To solve this difficulty, the author has continued his investigation in a very large number of cases of which he kept notes for nearly ten years, and enlarged experience has fully borne out what had helped him in making a few times a right diagnosis where better men had failed. This important symptom was fluctuation. That it must be felt very early seemed to him, *à priori*, certain. For why should half an ounce or more of liquor amnii, inclosed under conditions very favourable for this purpose, not be felt fluctuating equally well as a few drops of pus in a panaritium? The notes of several hundred cases satisfactorily answer this question. Fluctuation could be felt in some cases as early as the seventh week of pregnancy; in most cases after the second month. With every following year the author had less difficulty in detecting this very important symptom. By adding to it the areolar signs of the mammae, we should be able in many cases to make an almost certain diagnosis. The author here mentioned another valuable symptom in early pregnancy which often directed attention to pregnancy, viz., the increased desire to pass urine, especially at night. It certainly ought to put the practitioner on his guard, and make him eschew the use of that valuable instrument for confirming a diagnosis already made—the uterine sound—which, in fact, should never be used by those that could not dispense with it in making a diagnosis. The objection to fluctuation as a symptom of pregnancy might be that it could not be felt, or if felt, might be due to retention of other fluid than liquor amnii. Considering the great rarity of retained menses or other discharges, the mistakes would be rare, even if other symptoms did not help us to make a distinction. But it would certainly be safer practice for a short time to suspect pregnancy, where it did not exist, than to do the reverse. To meet the other objection that fluctuation could not be felt so early, Dr. Rasch urged his hearers to try patiently, and